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Weekly Bulletin



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GUY P. JONES
EDITOR

**Pneumonic Plague
Appears in Los Angeles.**

Pneumonic plague has appeared among Mexican residents of Los Angeles. Following the death of a Mexican woman who lived just outside of the city, cases of the disease appeared among residents of Los Angeles who attended her funeral. Nearly all, if not every one, of the contacts at this funeral have died, as well as a priest, a nurse and an ambulance driver. At this writing there have been twenty-two deaths in the original group of twenty-eight cases. It is expected that a few more cases will develop but it is believed that the situation is under complete control. Full publicity has been given to the outbreak and the daily papers are giving complete information to the public. This policy is most commendable and will go far in bringing the outbreak under control quickly. Health officers are advised to be alert in their investigations of respiratory infections, particularly among Mexicans who may have visited their countrymen in Los Angeles. It is believed that complete control has been effected, but nevertheless, caution is necessary.

Health—the quality of life that renders the individual fit to live most and serve best.

“There is no substitute for health.” Think this over and see if you can find something just as good as health.

**Death Comes to
Dr. Luther M. Powers.**

Dr. Luther M. Powers, Health Commissioner of Los Angeles since 1893, died October 31st. He had been in poor health during the early part of the year, but made a recovery. Upon reaching Monterey to attend the annual convention of California health officers, October 6th, he was taken ill and was obliged to return immediately to Los Angeles.

Few health officers have served their communities for so long a period of time. Dr. Powers saw Los Angeles grow from a city of 50,000 to be one of the largest cities in the United States. The manifold public health problems incidental to this rapid increase of population would be overwhelming to the average man. Dr. Powers met these problems resolutely and achieved remarkable results in the maintenance of public health in Los Angeles. He inspired confidence and was given full public support. His passing leaves a gap that can not be filled easily. He will be missed greatly among the health officers of California, at whose conferences his counsel and advice were always sought. Los Angeles owes him a huge debt, for he sacrificed much in order that his city might benefit. For more than thirty years he worked unceasingly for the good of Los Angeles.

A child without a birth certificate is like a man without a country.

DEFINITION OF A PUBLIC HEALTH NURSE.*

By MARY E. DAVIS, R.N., Supervising Nurse, Bureau of Child Hygiene.

A few health officers, many physicians and a large part of the general public either misunderstand or are totally ignorant of the meaning of public health nursing. It takes time for the public to learn the exact application of a profession as new as that of public health nursing, but after the soundness of the principles behind it are recognized, the support of the mass of the population is always certain. Many physicians are skeptical and critical in their attitude, and some health officers seem to be in fear of this comparatively new figure in public health administration. If this paper succeeds in clarifying any mistaken impressions regarding public health nursing, or if it can supply any information concerning the duties of the public health nurse, it will have served its purpose.

It would perhaps be just as well for us to take a few minutes first to explain why we have this worker in our midst. When we study public health we see plainly that we have gone much farther than our earlier objectives of community sanitation and the control of communicable disease by isolation, sera and vaccines. Major health problems such as the control of tuberculosis and infant mortality can only be solved through personal hygiene—an alteration in the habits of the individual and through the establishment of new contacts with the public, contact which shall permit the application of the resources of medical science at a stage in the disease when they can produce the maximum effect.

Such changes in the personal habits of people and in relation to their medical advisers can only be effected through education. The new educational objectives of the health administrator may be approached to a limited extent by mass methods, such as moving pictures, radio talks, lectures, literature and exhibits. These serve to prepare the ground. Direct personal contact, however, with the individual life is essential to success in a matter so entirely personal as hygiene. May I quote at this point from Dr. Winslow: "We have sought for twenty years for a missionary to carry the message of health into each individual home. And in America we have found this messenger in the Public Health Nurse."

*Read at Annual Conference of California Health Officers, Asilomar, October 9, 1924.

Public health nurses are to be differentiated from institutional nurses, working in hospitals or other institutions, and private duty nurses who take care of private patients.

The public health nurse is any graduate nurse who serves the health of the community, with an eye to the social as well as the medical aspects of her functions, by giving bedside care, by teaching and demonstration, by guarding against the spread of infection, insanitary practices, et cetera. The functions of the public health nurse are to teach habits of healthful living in the home, to see to it that the physician's instructions are intelligently carried out, to be on the alert for all that is suspicious or divergent from health. These functions distinguish the public health nurse from all the other workers.

The question of whether or not a nurse should give bedside care is one that has been hotly debated during the past few years. There are arguments for and against it. One can readily see that in a larger field one would have to restrict this particular phase of the service. At present the demand for public nurses is so much greater than the supply that we will have to confine ourselves, or at least give the major portion of our time, to instruction rather than to bedside care. It will be necessary for a nurse in many instances, however, even in districts where her territory includes the whole county, to render such service. For instance, take the case of a child with diphtheria. We firmly believe that the nurse will give more practical instruction by going into the home, rolling up her sleeves and teaching the mother, or whoever is caring for the patient, by demonstration rather than by doorstep information.

The same is true in a post partum or child welfare visit. There is a psychological effect also that must be taken into consideration, for the nurse who renders service in the time of stress has an overwhelming advantage then and thereafter in teaching hygiene. Nurses whose work is largely stimulative and supervisory in nature may not, of course, be in a position to render direct bedside care.

With an adequate number of nurses per unit of population, we believe that the combined service of teaching and nursing will yield the largest results.

This is what a public health nurse is and this is

WHAT THE PUBLIC HEALTH NURSE IS NOT.

She is not a practitioner of medicine, although some medical men within the state are endeavoring to set up a scare in the charge that public health nurses are practicing medicine. This is due, no doubt, to the rapid growth of clinics, not only in California, but throughout the entire United States, and to the tremendous number of individuals who attend these clinics. Simple examination, such as weighing and measuring, and the superficial search for visible physical defects, both permissible to nurses, have led some physicians to believe that the nurse is attempting much more than her training allows. As a matter of fact, the competent nurse recognizes her limitations and never goes beyond them. Her work in clinics is comparable to the work of a very coarse mesh sieve. Children in need of medical treatment who are caught in this sieve would probably never receive medical attention except for the preliminary examination made by the nurse, an examination which has served as an index to graver conditions. Concerted effort is needed to correct the false impression that is prevalent in some sections of this state, that the public health nurse is violating the Medical Practice Act by making diagnoses and treating disease. Wherever wilful misrepresentation is made, and where false charges are brought, vigorous retaliation should follow. In a few isolated cases I would say that nurses have exceeded their authority—or rather, they have gone beyond their limitations. If the complaint regarding such cases is submitted in writing to the State Organization for Public Health Nursing, it will be investigated. We are anxious to keep up the standards of our profession.

In our work we hear a great many tales. Usually it is what some one else has told the doctor. If nurses will bear in mind that their relationship toward a physician in their public health work is identically the same as it is in private practice, a great many of our difficulties will be solved.

The nurse should not recommend any one doctor exclusively. One can readily understand how this situation arises. A nurse goes as an absolute stranger into a community. She calls on all the physicians, generally finding one a little more friendly toward her program than the others. Unconsciously she goes more often to him or her for advice. This arouses criticism. In some cases, also, this same doctor has been appointed by the medical association to be their repre-

sentative. When he becomes popular with the clientele, the nurse is criticised for sending all the cases to one man.

Another complaint is that nurses do not investigate the economic status of their patients before they are sent or taken to clinics for treatment. The physicians have a just grievance if they are called upon for free treatment for patients financially able to pay.

The foregoing are a few of the major complaints.

May I say in closing that I feel that the nurse working in a county has one of the biggest jobs in the field of public health. Her task is a hard one, but O, how great are the compensations!



LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MUMPS
BERI-BERI	OPHTHALMIA NEONATORUM
BOTULISM	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPELAS	SMALLPOX
FLUKES	SYPHILIS*
FOOD POISONING	TETANUS
GERMAN MEASLES	TRACHOMA
GLANDERS	TUBERCULOSIS
GONOCOCCUS INFECTION*	TYPHOID FEVER
HOOKWORM	TYPHUS FEVER
INFLUENZA	WHOOPING COUGH
JAUNDICE, INFECTIOUS	YELLOW FEVER
LEPROSY	
MALARIA	
MEASLES	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

*Reported by office number. Name and address not required.



MORBIDITY.*

Diphtheria.

146 cases of diphtheria have been reported, as follows: Los Angeles 37, San Francisco 20, Stanislaus County 7, Los Angeles County 12, Oakland 11, Turlock 2, Hollister 1, Long Beach 4, San Diego 3, San Joaquin County 2, Lodi 1, Pasadena 2, Sacramento 2, Monrovia 1, Santa Barbara 1, Pomona 1, Redondo

*From reports received on November 3d, 4th, and 5th, for week ending November 1st.

Beach 2, San Jose 3, Hayward 2, Chula Vista 1, Hawthorne 2, Santa Maria 1, Berkeley 4, Stockton 3, Kern County 1, San Benito County 1, San Bernardino 1, Riverside 1, Burbank 1, Hermosa Beach 1, Colton 1, Alameda 2, Tulare County 1, Watsonville 1, Signal Hill 1, Alameda County 4, Alhambra 1, Huntington Park 1, Pittsburg 1, Ontario 2.

Measles.

19 cases of measles have been reported, as follows: Los Angeles 6, Elsinore 1, Oakland 1, Alhambra 1, Pasadena 1, Santa Rosa 2, Hanford 1, Alameda 1, Stockton 1, San Fernando 2, Los Angeles County 2.

Scarlet Fever.

92 cases of scarlet fever have been reported, as follows: Los Angeles 16, San José 14, San Francisco 9, Stockton 5, Los Angeles County 5, Alameda County 6, Santa Clara County 3, Sunnyvale 1, Oakland 2, Pasadena 2, Sacramento 4, Huntington Park 1, Riverside County 3, San Diego 3, Riverside 3, Tulare County 1, Manteca 2, Dinuba 1, San Joaquin County 1, Salinas 2, Santa Ana 1, Kern County 2, Long Beach 2, Santa Cruz County 2, Pomona 1.

Smallpox.

69 cases of smallpox have been reported, as follows: Los Angeles 21, Fresno 18, Sacramento 10, Long Beach 5, Santa Clara County 2, Bakersfield 1, Santa Monica 1, Wheatland 1, Kern County 2, Los Angeles County 1, Pasadena 1, Santa Barbara 1, Stockton 2, Tulare County 1, Lassen County 2.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Santa Clara County 1, Huntington Park 1, Los Angeles 2, San Fernando 1, San Diego 1, Colton 1, Butte County

1, Siskiyou County 1, San Francisco 1, Stockton 2, San Joaquin County 1, Santa Rosa 1, Alhambra 1, Calaveras County 1, California 2.

Whooping Cough.

82 cases of whooping cough have been reported, as follows: Los Angeles County 16, Los Angeles 22, San Diego County 7, Berkeley 6, Chowchilla 9, Oakland 2, San Fernando 4, Whittier 3, Alhambra 1, Redondo Beach 1, San Luis Obispo County 1, Santa Ana 1, Long Beach 3, San Francisco 2, Santa Clara County 4.

Cerebrospinal Meningitis.

4 cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 3, San Jose 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Los Angeles 1, Palo Alto 1.

Botulism.

Oakland reported one case of botulism.

Poliomyelitis.

17 cases of poliomyelitis have been reported, as follows: Benicia 1, Alhambra 1, Sonoma County 1, Oakland 1, Los Angeles 2, San Francisco 3, Contra Costa County 3, San Diego 1, Tuolumne County 1, Alameda 1, Los Angeles County 2.

Plague.

About 34 cases of pneumonic plague and one case of bubonic plague have been reported from Los Angeles and vicinity. Among these cases there have been 25 deaths.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Nov. 1 received by Nov. 5	Week ending			Reports for week ending Nov. 3 received by Nov. 7
	Oct. 11	Oct. 18	Oct. 25		Oct. 13	Oct. 20	Oct. 27	
Anthrax.....	0	0	0	0	1	0	0	0
Botulism.....	0	0	2	1	0	1	0	0
Cerebrospinal Meningitis.....	1	3	2	4	1	0	2	4
Chickenpox.....	74	118	132	170	37	82	61	45
Diphtheria.....	185	183	207	146	218	232	229	175
Dysentery (Bacillary).....	3	1	1	0	3	2	3	0
Epidemic Encephalitis.....	3	1	2	3	2	2	1	2
Gonorrhoea.....	73	87	77	255	96	138	86	100
Influenza.....	6	38	17	14	17	18	12	11
Leprosy.....	0	2	1	0	0	1	0	0
Malaria.....	1	2	0	1	8	6	7	2
Measles.....	23	13	34	19	242	217	221	247
Mumps.....	56	52	73	49	8	8	15	9
Pneumonia.....	32	31	31	54	35	52	43	40
Poliomyelitis.....	10	12	10	17	22	12	21	8
Scarlet Fever.....	105	107	115	92	126	150	133	117
Smallpox.....	57	87	70	69	20	30	51	62
Syphilis.....	69	155	103	151	137	106	96	104
Tuberculosis.....	153	65	162	201	200	163	194	108
Typhoid Fever.....	28	20	22	18	25	23	25	15
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	57	38	79	82	37	20	27	11
Totals.....	936	1015	1140	1346	1236	1263	1227	1060

CALIFORNIA STATE PRINTING OFFICE